

Date:
HMSR #:

Shipper: _____

1 over 1: _____

| CHECKLIST FOR NON-RADIOACTIVE MATERIAL BY AIR | | | |
|---|-----|----|-----|
| 1. Charge code for billing | | | |
| 2. Charge code for labor | | | |
| CHARACTERIZATION (SUBJECT TO ONE OVER ONE REVIEW) | Yes | No | N/A |
| 3. HMSR | | | |
| 4. Other characterization documentation | | | |
| 5. Is the material forbidden | | | |
| 6. Could there be hidden dangerous goods | | | |
| 7. Can the material qualify as an Excepted Quantity | | | |
| 8. Can the material qualify as a Limited Quantity | | | |
| 9. Are there State or operator variations | | | |
| 10. Does the material meet the definition of a waste | | | |
| 11. Does the material have to be shipped "Cargo Aircraft Only" | | | |
| SHIPPING PAPERS (SUBJECT TO ONE OVER ONE REVIEW) | | | |
| 12. Full name and address of consignee | | | |
| 13. Name and address of consignor | | | |
| 14. Name of originator and date | | | |
| 15. Shipment number | | | |
| 16. Number of pages (add to HMSR) | | | |
| 17. Number of containers | | | |
| 18. Type of containers | | | |
| 19. Package specification | | | |
| 20. Package dimensions | | | |
| 21. Net quantity per package (note size and number of each inner package) | | | |
| 22. Specify grams for solid and liters for liquid | | | |
| 23. Gross weight for each package | | | |
| 24. "RQ" in association with PSN (constituents causing RQ) | | | |
| 25. Proper Shipping Name | | | |
| 26. Class or division (for Class 1, the compatibility group) | | | |
| 27. UN number | | | |
| 28. Packing group | | | |
| 29. Subsidiary risk | | | |
| 30. N.O.S. constituents in parentheses | | | |
| 31. Poison constituents in parentheses (2.3, 6.1, PG I or II) | | | |
| 32. Hazardous substance constituents in parentheses | | | |
| 33. Solid | | | |
| 34. Liquid | | | |
| 35. Poison | | | |
| 36. Residue last contained, LTD QTY | | | |
| 37. Labels required and applied | | | |
| 38. The words "overpack used" (add to HMSR) | | | |
| 39. If material shipped under an exemption (DOT-E), the exemption number must be on shipping papers | | | |

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|---|-----|----|-----|
| SHIPPING PAPERS (SUBJECT TO ONE OVER ONE REVIEW) | YES | NO | N/A |
| 40. The words "all packed in one" (add to HMSR) | | | |
| 41. If Limited Quantity the words,"Limited Quantity" or "LTD QTY" following basic description | | | |
| 42. Packing instruction noted (add to HMSR) | | | |
| 43. State and/or operator variations noted (add to HMSR) | | | |
| 44. Emergency contact number and guide number noted (add to HMSR) | | | |
| 45. A copy of the exemption must accompany the shipment | | | |
| 46. Internal packaging described | | | |
| 47. One over one review completed | | | |
| PACKAGES/MARKING/LABELING (NOT SUBJECT TO ONE OVER ONE REVIEW) | | | |
| 48. Package conforms to instruction, State and operator variations | | | |
| 49. Number and type of packages delivered matches shipping paper | | | |
| 50. Specification marking | | | |
| 51. TID/seal intact | | | |
| 52. PSN (if N.O.S. Enter constituents) | | | |
| 53. RQ in association with Proper Shipping Name | | | |
| 54. Net quantity for explosives Class 1 (requires "EX" number) | | | |
| 55. Name and address of shipper and receiver | | | |
| 56. Excepted quantities label | | | |
| 57. Primary and subsidiary labels and handling labels, orientation | | | |
| 58. All info or statement for overpack | | | |
| 59. Dry ice special considerations, marking, labeling, P I 904 etc. | | | |
| 60. If shipment made under exemption, is it current and on file? | | | |
| 61. We are party to the exemption | | | |
| 62. Max. permissible gross wgt. of container (verify manufacturer's embossed marking) | | | |
| 63. Gross weight | | | |
| DRIVER & VEHICLE (NOT SUBJECT TO ONE OVER ONE REVIEW) | | | |
| 64. Carrier Print: _____ | | | |
| 65. Vehicle number Print: _____ | | | |
| 66. Vehicle inspection date within 1 year of shipment Print: _____ | | | |
| 67. CDL with correct endorsements Expiration Date: _____ | | | |
| 68. DOT medical card Expiration Date: _____ | | | |
| 69. Vehicle placarded as required or marked with orange panels or PCB markings | | | |
| 70. Driver qualified, vehicle inspected, tiedown and placards correct | | | |
| 71. Radiation survey completed and signed (or signoff if not required) | | | |
| 72. Transporter signature and vehicle number | | | |
| 73. Shipper signature and date | | | |
| 74. Shipping papers faxed to POC and ONC | | | |